



H1N1 Provider Briefing

Date: September 28, 2009
To: All Healthcare Providers
From: Director of Health, David R. Gifford, MD, MPH
Re: Information on H1N1 in Rhode Island

Local Influenza Activity Level: Local¹, H1N1 predominant circulating strain

Rhode Island²: 2 hospitalized cases, 0 deaths

National Report³: 10,082 hospitalized cases, 936 deaths

Sentinel Surveillance (% of visits due to influenza-like illness): Rhode Island: 3.3%, New England Region: 1.7%, Nation: 4.1%

Provider enrollment for H1N1 vaccine ends soon

HEALTH has created an online enrollment, reporting and ordering system for providers who want to administer H1N1 vaccine. All providers are eligible to enroll so they can provide H1N1 vaccine to their patients in their office. Enrollment has been extended through October 2, 2009, but providers who treat pregnant women, children under the age of 5 or patients with chronic, underlying medical conditions should enroll immediately, so that patients who are at the highest risk for complications from H1N1 can be vaccinated. **Because shipments of the H1N1 vaccine will not arrive all at once, providers who treat patients in the ACIP-recommended priority groups will receive the vaccine first.** After all priority groups have been offered H1N1 vaccine, HEALTH will complete vaccine orders for the remaining population.

To enroll in the H1N1 Vaccination Program, go to <http://pandemic.health.ri.gov/h1n1>. (Note that this is not a "www" address.) Providers who have questions about the enrollment process can contact Mark Francesconi at 401-222-5988 or Mark.Francesconi@health.ri.gov.

Updated antiviral medication recommendations

The CDC updated its antiviral medication recommendations on September 22, 2009, to help clinicians prioritize the use of antiviral medications during the 2009-2010 flu season. The priority for use continues to be in people with more severe illness (such as people hospitalized with influenza) and people at increased risk of flu-related complications. As with any medical decision-making, clinical judgment remains an important factor in treatment decisions.

New information in the updated guidance includes:

- Additional guidance regarding the risk of complications and treatment considerations for young children, particularly those under 2 years of age. Children 2 to 4 years of age without high risk conditions and who are not severely ill do not necessarily require antiviral treatment.
- Information regarding the oral dosing dispenser included in the Tamiflu for Oral Suspension packaging (described in more detail below).
- More information about the possible underlying physiological conditions that may be associated with neuromuscular and neurocognitive disorders. People with these disorders are at increased risk of flu-

¹ Surveillance systems indicate that influenza activity is increasing and circulating in one region in the state. For details see <http://www.health.ri.gov/flu/about/surveillance/>.

² Influenza-associated hospitalizations and deaths since September 1, 2009

³ Influenza and pneumonia-associated hospitalizations and deaths from August 30 – September 19, 2009

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related complications.

For more information:

- Updated antiviral recommendations: <http://www.cdc.gov/H1N1flu/recommendations.htm>
- Questions and answers on antiviral recommendations: <http://www.cdc.gov/h1n1flu/antiviral.htm>
- Antiviral recommendations for pregnant women:
http://www.cdc.gov/H1N1flu/pregnancy/antiviral_messages.htm.

New CDC guidance for pharmacists

The increasing flu activity nationwide will likely affect pharmacies as a greater number of people than usual seek to fill prescriptions for antiviral medications or antibiotics to treat secondary bacterial infections. Many people will also seek advice on over-the-counter flu medications. This may affect the availability of antiviral medications and other materials needed to fill prescriptions.

Pharmacists and physicians who care for pediatric patients should be aware of two issues:

- The possible need to compound Tamiflu on-site if commercially manufactured pediatric oral suspension formula is not available.
- The need to ensure that the units of measure on the Tamiflu for Oral Suspension dosing dispenser and the dosing instructions match (described in more detail below).

The CDC addresses these issues in new guidance for pharmacists for the 2009-2010 flu season. To read the complete guidance, see http://www.cdc.gov/H1N1flu/pharmacist/pharmacist_info.htm.

Dosing with Tamiflu for Oral Suspension

Healthcare providers and pharmacists should be aware that the oral dosing dispenser provided with Tamiflu for Oral Suspension is marked with 30mg, 45mg, and 60mg graduations, rather than with graduations in milliliters (mL) or teaspoons (tsp). There have been cases where the units of measure on the prescription dosing instructions do not match the units on the dosing device, which can lead to patient or caregiver confusion and dosing errors. When dispensing Tamiflu for oral suspension, pharmacists should ensure that the units of measure on the dosing instructions match the dosing device provided. **If prescription instructions specify administration using mL or tsp, then pharmacists should replace the device included in the product package with an appropriate measuring device.** When dispensing Tamiflu for Oral Suspension for children younger than 1 year of age, the oral dosing dispenser should always be removed. Pharmacists and healthcare providers should provide an oral syringe that is capable of accurately measuring the prescribed mL dose and counsel the caregiver on its administration.

For more information:

- Prescribing information from Roche Laboratories, including dosing instructions in milligrams (mg) and milliliters (mL) for treatment and prophylaxis:
http://www.healthcaredistribution.org/gov_affairs/pdf_flu/final_dhcp_letter.pdf
- FDA-approved manufacturer package insert for Tamiflu:
<http://www.fda.gov/downloads/Drugs/DrugSafety/InformationbyDrugClass/UCM147992.pdf>
- Emergency Use Authorization (EUA) of Tamiflu: Fact sheet for healthcare providers:
<http://www.cdc.gov/h1n1flu/eua/pdf/tamiflu-hcp.pdf>

ACIP recommendations for pneumococcal vaccines

In October 2008, the CDC's Advisory Committee on Immunization Practices (ACIP) voted on new and revised recommendations for the use of 23-valent pneumococcal polysaccharide vaccine (PPSV). One dose of PPSV is now recommended for individuals 19 to 64 years of age who smoke or who have asthma. These individuals are at higher risk of invasive pneumococcal disease such as pneumonia, which is a primary complication of influenza. Healthcare providers should continue to consider PPSV vaccination for indicated patients, including adults who smoke or who have asthma, during the 2009-2010 influenza season.

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For more information:

- ACIP provisional recommendations for use of pneumococcal vaccines:
<http://www.cdc.gov/vaccines/recs/provisional/downloads/pneumo-Oct-2008-508.pdf>
- CDC guidance for the use of PPSV during novel influenza A (H1N1) outbreak:
http://www.cdc.gov/h1n1flu/guidance/ppsv_h1n1.htm
- PPSV Vaccine Information Statement (VIS): <http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-ppv.pdf>

Resources

- HEALTH at <http://www.health.ri.gov>; <http://www.health.ri.gov/flu/for/providers>
- Archived provider briefings and regular news updates: <http://www.health.ri.gov/news/flu/>.
- H1N1 Information Line (M-F 8:30am- 4:30pm) 401-222-8022
- H1N1 email address h1n1@health.ri.gov
- <http://www.flu.gov>

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